

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

State/Territory: Florida

Citation 4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58

(iii) All services furnished to pregnant women.
women.

☐ Not applicable. Charges apply for services to
pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient
in a hospital, long-term care facility, or other medical
institution, if the individual is required, as a condition of
receiving services in the institution to spend for medical
care costs all but a minimal amount of his or her income
required for personal needs.

(v) Emergency services if the services meet the
requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to
individuals of childbearing age.

(vii) Services furnished by a managed care organization,
health insuring organization, prepaid inpatient health
plan, or prepaid ambulatory health plan in which the
individual is enrolled, unless they meet the requirements
of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

☒ Managed care enrollees may be charged
deductibles, coinsurance rates, and copayments
in an amount equal to the State Plan service
cost-sharing.

☐ Managed care enrollees are not charged
deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving
hospice care, as defined in section 1905(o) of
the Act.

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

EORO

State/Territory: Florida

Citation 4.14 Utilization/Quality Control

42 CFR 431.60
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

_____ Directly

X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

TN # 2003-17
Supersedes TN # 92-02

Effective Date 7/01/03
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1932(c)(2)
and 1902(d) of the
ACT, P.L. 99-509
(section 9431)

X

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation

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Revision: HCFA-PM-91-10 (MB)
December 1991

State/Territory: Florida

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

___ Not applicable.

TN # 2003-17
Supersedes TN # 92-02

Effective Date 7/01/03
Approval Date DEC 03 2003

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Florida

Citation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

- (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
- (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)

42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

TN # 2003-17
Supersedes TN # 88-04

Effective Date 7/01/03
Approval Date DEC 03 2003

New: HCFA-PM-99-3
JUNE 1999

State: Florida

Citation

42 CFR 431.51
AT 78-90
46 FR 48524
48 FR 23212
1902(a)(23)
P.L. 100-93
(section 8(f))
P.L. 100-203
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual –

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)
Of the Social
Security Act
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or, managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN # 2003-17
Supersedes TN # 99-08

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Revision: HCFA-PM-91-10 (BPD)

Attachment 2.2-A

DECEMBER 1991

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State: Florida

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508(section 4732)

- [] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or a managed care organization

(MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

X The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is __ months (not to exceed six).

The State measures the minimum enrollment period from:

- [] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- [] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- [] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

TN # 2003-17
Supersedes TN # 92-02
Revised

Effective Date 7/01/03
Approval Date DEC 03 2003

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Florida

Citation	1.4	State Medical Care Advisory Committee
42 CFR		
431.12(b)		There is an advisory committee to the Medicaid
AT-78-90		agency director on health and medical care
		Services established in accordance with and
		Meeting all the requirements of 42 CFR 431.12.
42 CFR	<u>X</u>	The State enrolls recipients in MCO, PIHP, PAHP, and/or
438.104		PCCM programs. The State assures that it complies with 42 CFR
		438.104(c) to consult with the Medical Care Advisory Committee in the
		review of marketing materials.

TN # 2003-17
Supersedes TN # 74-09
Revised

Effective Date 7/01/03
Approval Date DEC 03 2003

Revision: HCFA-AT-84-2 (BERC)
01-84

State/Territory: Florida

Citation 4.23 Use of Contracts

42 CFR 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Consistent with 45 CFR Part 74, risk contracts are procured through an open, competitive procurement process, or through an open application process to allow contracting with all qualified providers.

The risk contract is with (check all that apply):

☒ a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

☒ a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

☒ a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

☐ Not applicable.

TN # 2003-17
Supersedes TN # _____

Effective Date 7/01/03
Approval Date DEC 03 2003

State: FloridaCitation

1932(e)

42 CFR 428.726

Sanctions for MCOs and PCCMs

- (a) The State will maintain a monitoring plan and will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:

For each executed state Medicaid HMO contract with an MCO, the actions of the MCO will be monitored as specified in the State Monitoring Plan through on-site surveys, state desk reviews, enrollee and other complaints, financial status reports, and other sources as required by the state and at time intervals as specified in the contract. In accordance with the contract and the monitoring plan, monthly, quarterly, annual and biannual monitoring will be conducted to ensure that the contract is performed according to contract terms.

- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management: Temporary management is imposed only if the state finds (through on-site survey, enrollee complaints, financial audits, or any other means) the following:

There is continuous egregious behavior by the MCO, including but not limited to behavior that is described in 42 CFR 438.700, or that is contrary to any requirements of sections 1903(m) or 1932 of the Social Security Act; or

There is substantial risk to the enrollee's health; or
The sanction is necessary to ensure the health of the MCO's enrollees while improvements are made to remedy violations under 42 CFR 438.700; or until there is an orderly termination and reorganization of the MCO.

- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.

TN # 2003-17
Supersedes TN # New

Effective Date 7/01/03
Approval Date DEC 03 2003

[STATE NAME] MEDICAID STATE PLAN

State Plan Definition of HMO

11

Revision: HCFA-PM- (MB)

State/Territory: Florida

Citation

42 CFR

435.914

1902(a)(34)

of the Act

2.1(b) (1)

Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and

1905(a) of the

Act

(2)

For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

1902(a)(47) and

X (3)

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

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OMB No.: 0938-

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LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachments</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
* Supplement 1 -	Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
* Supplement 2 -	Definitions of Blindness and Disability (Territories only)
* Supplement 3 -	Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (States only)
* Supplement 1 -	Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
* Supplement 2 -	Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups
* Supplement 3 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

*Forms Provided

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